

New Hampshire Coronavirus Disease 2019 (COVID-19) Education and Childcare Partner Call

November 3, 2021

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Agenda

- Epidemiology update (cluster/outbreak update)
- Infection prevention policies at school and childcare: Exclusion and testing of sick/symptomatic children and adults
 - Dr. Erik Shessler (President) and Dr. Christine Arsnow (Vice- President) of the NH Chapter of the American Academy of Pediatrics (AAP)
- COVID-19 vaccination for 5-11 year olds
 - CDC/ACIP recommendations
 - Pediatric focused epidemiology update (national data to inform risk)
 - Importance of COVID-19 vaccination in children
 - Highlight the roll of schools and childcare to help promote vaccination
 - Update on State roll-out of COVID-19 vaccine to this age group
- CDC Foundation's School Staffing Support Initiative

Epidemiology Update

K-12 School Clusters/Outbreaks in NH

School Year	Total # Clusters	Total # of Infections Associated with Clusters	Total # of <u>Students</u> Associated with Clusters (%)	Total # of <u>Staff</u> Associated with Clusters (%)	Average # of Infections per Cluster
2020-2021 (Entire School Year)	110	693	464 (67%)	229 (33%)	6.3
2021-2022 (As of Oct 6 th)	97	737	669 (91%)	68 (9%)	7.6
2021-2022 (As of Oct 20 th)	141	1,400	1,234 (88%)	166 (12%)	9.9

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2021-2022 (As of Oct 20th)	141	1,400	1,234 (88%)	166 (12%)	9.9
2021-2022 (As of Nov 3rd)	181	1,724	1,517 (88%)	207 (12%)	9.5

Childcare Clusters in NH (July 2021 – Present)

Time Period	Total # Clusters	Total # of Infections Associated with Clusters	Total # of <u>Children</u> Associated with Clusters (%)	Total # of <u>Staff</u> Associated with Clusters (%)	Average # of Infections per Cluster
As of 10/20/2021	34	229	161 (70%)	68 (30%)	6.7
As of 11/3/2021	40	321	216 (67%)	105 (33%)	8.0

Infection Prevention Policies: Exclusion and testing of sick/symptomatic persons

Pre-COVID Recommendations

- Keep sick children home
- Students and staff recovering from respiratory illness should be symptom-free for at least 24 hours prior to returning to school
- Children should stay home for at least 24 hours after the last signs of a fever without the use of medicine
- They should not return to school within 24 hours of the last sign of vomiting or diarrhea
- Those who have a constant cough should stay home until medicine relieves it
- “Contact a healthcare provider...”



STATE OF NEW HAMPSHIRE SCHOOL NURSE TOOLKIT FOR ACUTE RESPIRATORY ILLNESS

July 2019

*New Hampshire Department of Health and Human Services
Division of Public Health Services*

COVID-19 vs. General Exclusion (& Testing) Recs

COVID-19 Recommendation

Exclude and test anybody with new or unexplained [symptoms of COVID-19](#), even mild cold symptoms. If positive, exclude until person has met [criteria for ending isolation](#).

Vs.

General Recommendation

Don't send sick children to school or childcare. Before return they should be fever free with other symptoms improving for at least 24 hours (off medications).

- It's not one-or-the-other; both still currently apply
- While we're in the pandemic, we have made more strict recommendations about exclusion and testing for even mild symptoms as one prevention strategy
- See [healthcare provider letter](#) for explanation and data on symptom presentation
- Testing recommendations are for COVID-19 testing, not all respiratory viruses

Pfizer-BioNTech COVID-19 Vaccine for Children 5-11 Years Old ("pediatric vaccine")

COVID-19 Vaccination Now Authorized & Recommended for Children 5-11 Years Old

CDC Recommends Pediatric COVID-19 Vaccine for Children 5 to 11 Years

Media Statement

For Immediate Release: Tuesday, November 2, 2021

Contact: [Media Relations](#)

(404) 639-3286

Today, CDC Director Rochelle P. Walensky, M.D., M.P.H., endorsed the CDC Advisory Committee on Immunization Practices' (ACIP) recommendation that children 5 to 11 years old be vaccinated against COVID-19 with the Pfizer-BioNTech pediatric vaccine. CDC now expands vaccine recommendations to about 28 million children in the United States in this age group and allows providers to begin vaccinating them as soon as possible.

U.S. COVID-19 Infection and Mortality Data

- Over the entire pandemic, out of >36 million COVID-19 cases in the U.S. – 15-16% have been in children under the age of 18 years, and 5% of cases have occurred in children 5-11 years of age
 - Northeast: More recently (during Delta surge) ~25% of infections occurring in children under the age of 18 years, and 13% in children 5-11 years
- 793 deaths from COVID-19 reported in the U.S. in children <18 years of age, including 172 deaths in children 5-11 years of age (*still at 0 deaths for children in New Hampshire*)

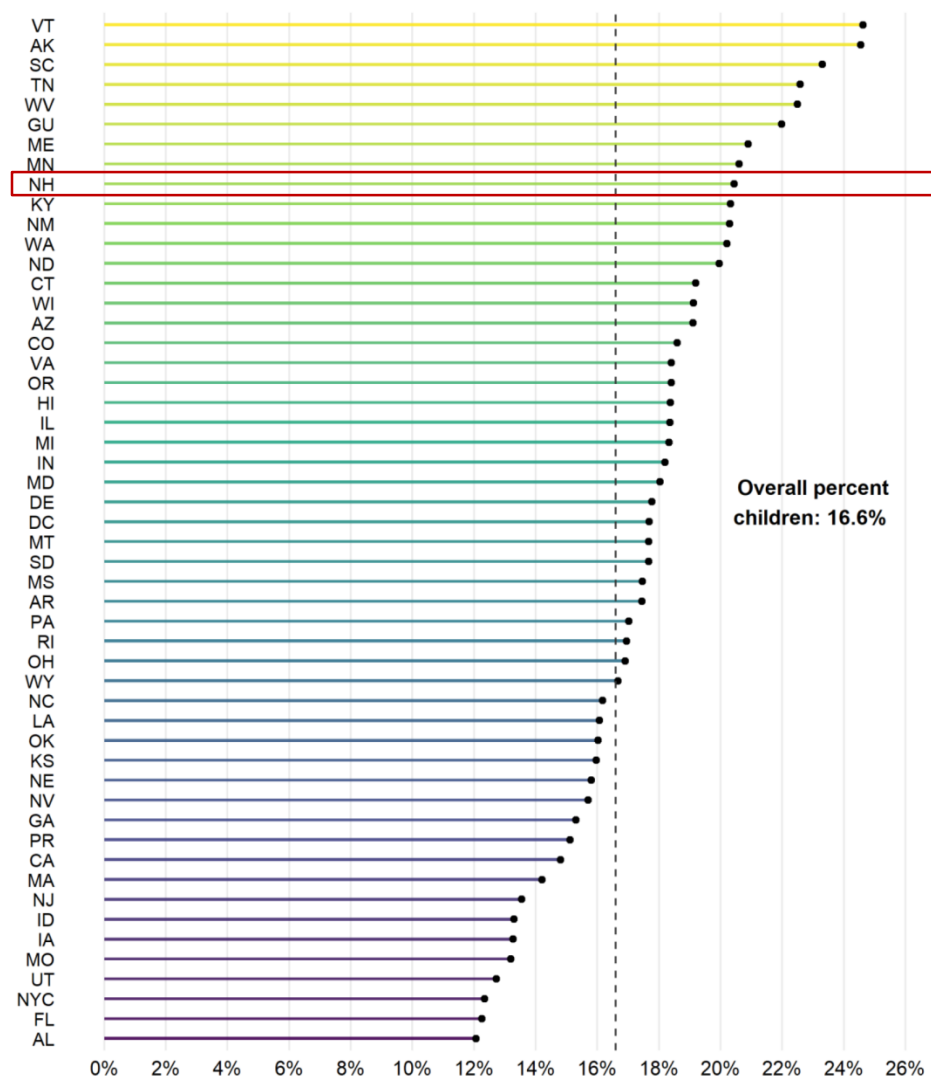
Data from 607,838 deaths. Age group was available for 607,751 (99%) deaths.

Age Group	Percentage of deaths	Count of deaths	Percent of US population
0-4 Years	<0.1	253	6
5-11 Years	<0.1	172	8.7
12-15 Years	<0.1	202	5.1
16-17 Years	<0.1	166	2.5

Proportion of Infections in Children by State

Fig 3. Percent of Cumulative COVID-19 Cases that were Children: 10/28/21

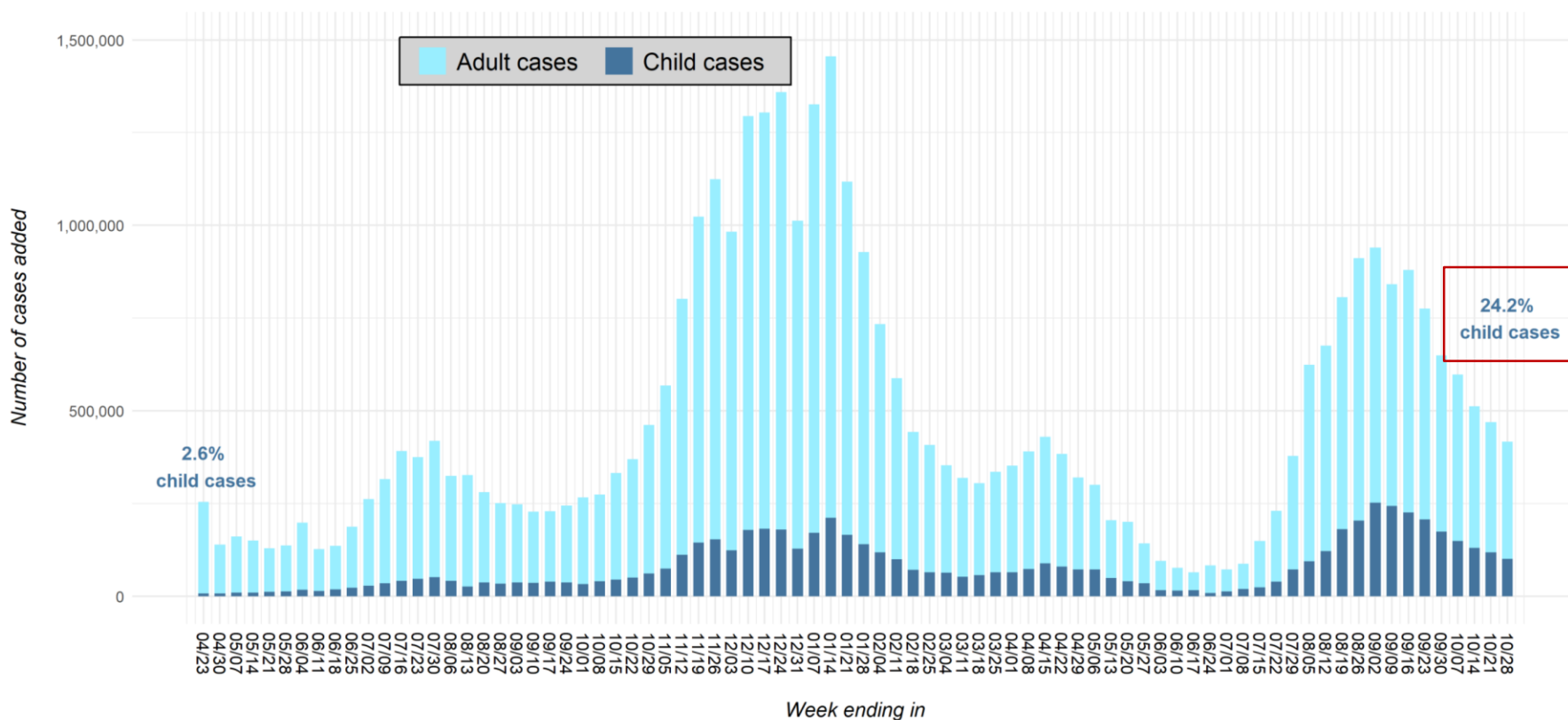
- Children represented 16.6% (6,396,278/38,496,700) of all available cases
- Twelve states reported 20% or more of cumulated cases were children



See detail in Appendix: Data from 48 states, NYC, DC, PR, and GU (TX excluded from figure)
 All data reported by state/local health departments are preliminary and subject to change
 Analysis by American Academy of Pediatrics and Children's Hospital Association
 As of 6/30/21, NE COVID-19 dashboard is no longer available; NE cumulative cases through 6/24/21
 Due to available data and changes made to dashboard, AL cumulative cases through 7/29/21

U.S. COVID-19 Infections, Adults vs. Children

Fig 8. United States: Number of COVID-19 Cases Added in Past Week for Children and Adults*



* Note: 5 states changed their definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MO as of 10/1/20, WV as of 8/12/21;

TX reported age for only a small proportion of total cases each week (eg, 3-20%); TX cumulative cases through 8/26/21

As of 6/30/21, NE COVID-19 dashboard is no longer available; NE cumulative cases through 6/24/21

Due to available data and changes made to dashboard, AL cumulative cases through 7/29/21

Due to available data and calculations required to obtain MA child cases, weekly estimates fluctuate (eg, on 10/28/21, there were 920 fewer cumulative cases)

See detail in Appendix: Data from 49 states, NYC, DC, PR and GU

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American Academy of Pediatrics
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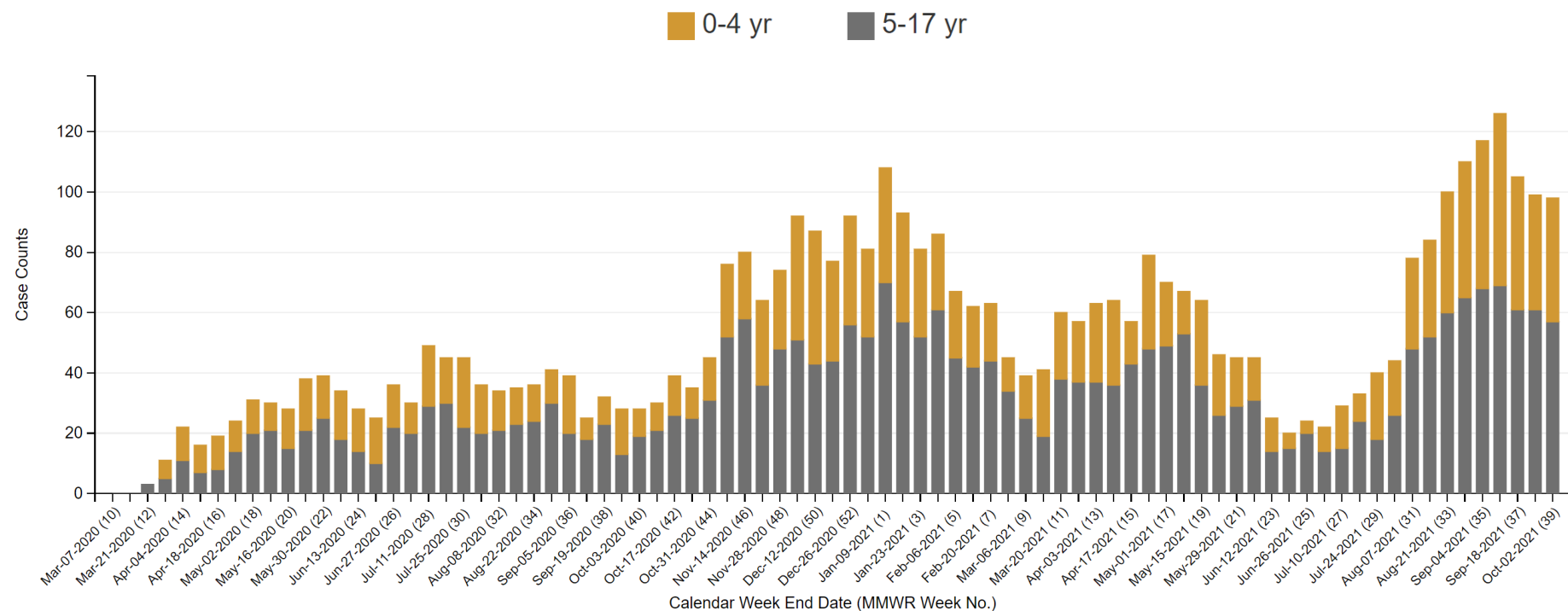


<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>

U.S. COVID-19 Hospitalizations by Age

Preliminary data as of Oct 23, 2021

COVID-19-Associated Hospitalizations by Age



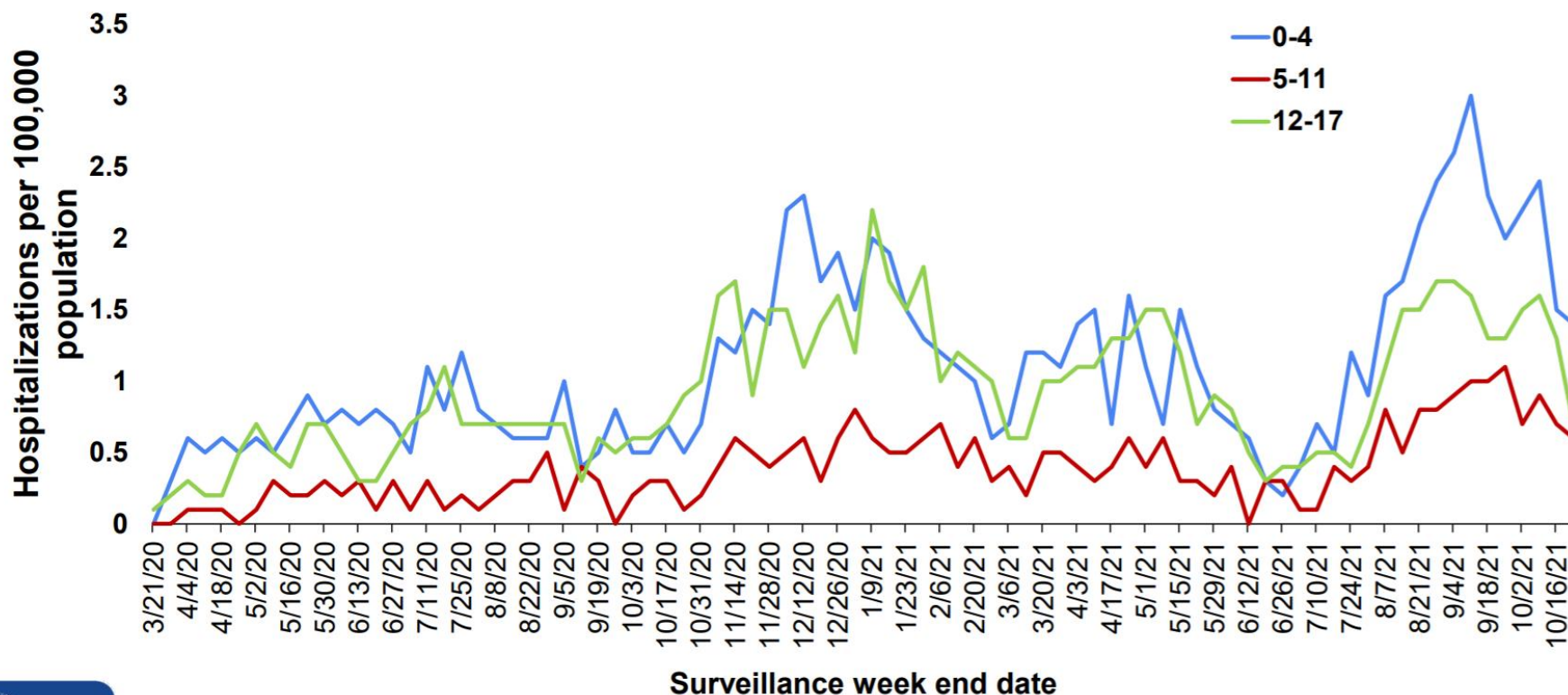
Cumulative case count by age group

	0-4 yr	5-17 yr	Total
2020-21	1647	2668	4315

<https://covid.cdc.gov/covid-data-tracker/#covidnet-hospitalization-network>

U.S. COVID-19 Hospitalization Rates by Age

COVID-19-Associated Weekly Hospitalizations per 100,000 — COVID-NET by Age Group, March 21, 2020–October 23, 2021



<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covid-net/purpose-methods.html>, Data are preliminary and subject to change

Multisystem Inflammatory Syndrome in Children (MIS-C), United States

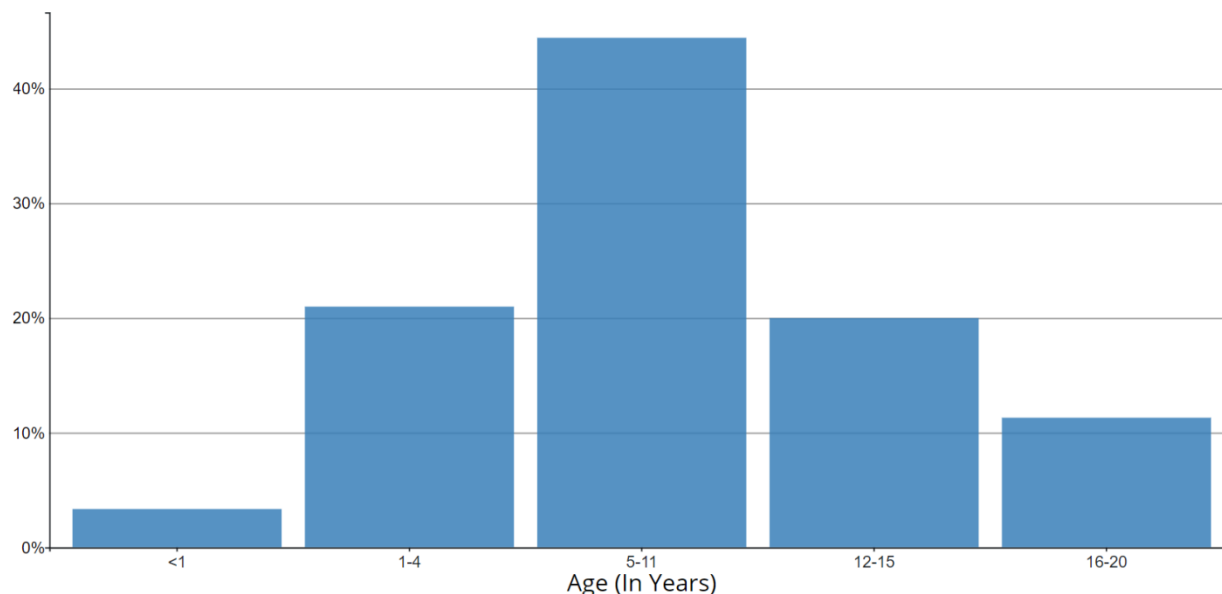
TOTAL MIS-C PATIENTS MEETING CASE
DEFINITION*

5,217

TOTAL MIS-C DEATHS MEETING CASE
DEFINITION

46

MIS-C Patients By Age Group



<https://covid.cdc.gov/covid-data-tracker/#mis-national-surveillance>

COVID-19 Is a Vaccine Preventable Disease

Other vaccine preventable diseases:

Deaths per year prior to recommended vaccines

	Hepatitis A ¹	Meningococcal (ACWY) ²	Varicella ³	Rubella ⁴	Rotavirus ⁵	COVID-19
Age	<20 years	11–18 years	5–9 years	All ages	<5 years	5–11 years
Time period	1990–1995	2000–2004	1990–1994	1966–1968	1985–1991	Oct 2020–Oct 2021
Average deaths per year	3	8	16	17	20	66

¹Vogt TM, Wise ME, Bell BP, Finelli L. Declining hepatitis A mortality in the United States during the era of hepatitis A vaccination. *J Infect Dis* 2008; 197:1282–8.








²National Notifiable Diseases Surveillance System with additional serogroup and outcome data from Enhanced Meningococcal Disease Surveillance for 2015–2019.

³Meyer PA, Seward JF, Jumaan AO, Wharton M. Varicella mortality: trends before vaccine licensure in the United States, 1970–1994. *J Infect Dis*. 2000;182(2):383–390. doi:10.1086/315714

⁴Roush SW, Murphy TV; Historical comparisons of morbidity and mortality for vaccine-preventable diseases in the United States. *JAMA* 2007; 298:2155–63.

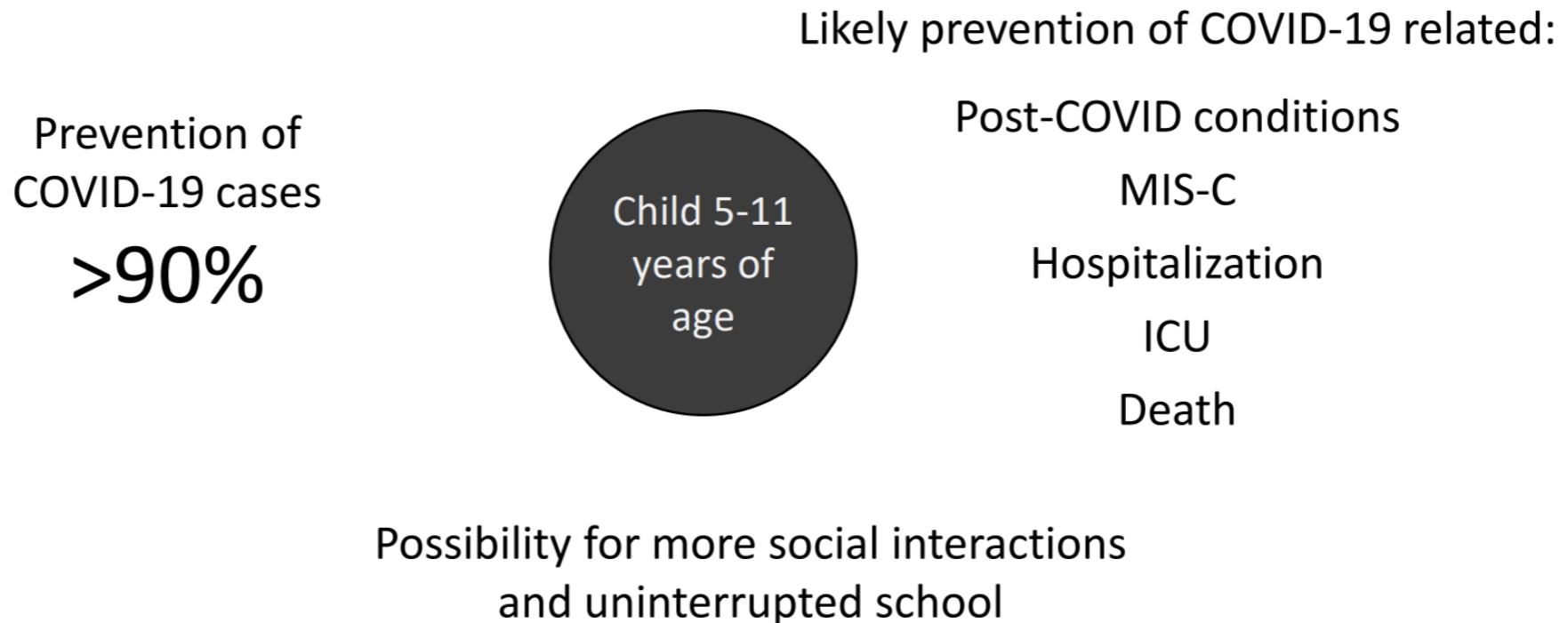
⁵Glass RI, Kilgore PE, Holman RC, et al. The epidemiology of rotavirus diarrhea in the United States: surveillance and estimates of disease burden. *J Infect Dis*. 1996 Sep;174 Suppl 1:S5–11.

Indirect impacts of COVID-19 pandemic on children

-  - Worsening of mental or emotional health
-  - Widening of existing education gaps
-  - Decreased physical activity and increased body mass index (BMI)
-  - Decreased healthcare utilization
-  - Decreased routine immunizations
-  - Increase in Adverse Childhood Experiences (ACEs)
-  - Loss of caregivers

Importance of COVID-19 Vaccination

Possible impact with vaccination of 5–11-year-old



Importance of COVID-19 Vaccination

Possible impact with vaccination of 5–11-year-old

Possible prevention of transmission to vulnerable family members



Parental participation on work force may be more stable and predictable

Importance of COVID-19 Vaccination

Possible impact with vaccination of 5–11-year-old



School and Childcare Role in Vaccination

- COVID-19 vaccination in children age 5-11 years is safe and effective.
 - Join our Thursday noontime partner call tomorrow for more detailed vaccine updates, the webinar link can be found here:
<https://www.covid19.nh.gov/resources/general-provider-covid-19-resources-and-information>
 - See also our COVID-19 HAN, Update #48 coming out today:
<https://www.dhhs.nh.gov/dphs/cdcs/alerts/han.htm>
- Achieving a high level of COVID-19 vaccination among children, students, staff, and families is the most important action that people can take to protect their own health and help relieve the direct and indirect impacts of this pandemic.

School and Childcare Role in Vaccination

- Recommendations for schools and childcare agencies:
 - Help communicate the importance of vaccination (including the safety and effectiveness of vaccination in children)
 - Work with local healthcare partners and our Regional Public Health Networks (RPHNs) to set up school-specific clinics (see [contact list](#))
 - Identify areas in your communities that are administering pediatric COVID-19 vaccines and actively promote those locations (if acceptable to the organization)
 - Anybody can go onto [vaccines.gov/search](https://www.vaccines.gov/search) to find vaccination locations administering specific COVID-19 vaccine product

Providers Ready to Vaccinate 5-11 Year Olds

- Landscape:
 - 48 Federal Retail pharmacies
 - Expand to other locations after lessons learned
 - 67 State supplied locations
 - Pediatric offices
 - Family medicine clinics
 - Pharmacies
 - Hospital organizations
 - Urgent care clinics
 - Regional public health networks
 - An additional 151 site that are eligible, but have not yet committed to offering pediatric vaccines

How to Find a 5-11 Year Old Vaccine Clinic

- CDC Vaccine Finder: [Vaccines.gov](https://www.vaccines.gov)
 - Public locations that provide COVID vaccine
 - Selections made by:
 - Zip code and mile radius
 - Type of vaccination
- Participating Family and Pediatric Providers
 - Will be reaching out to their patient populations
- Regional Public Health Networks
 - Scheduling School Based Clinics

CDC Foundation School Staffing Support Initiative

CDC Foundation's Schools Staffing Support Initiative

New Hampshire's Proposed Approach

CDC Foundation (CDCF)

- ***The CDC Foundation*** is an independent nonprofit and the sole entity created by Congress to mobilize philanthropic and private-sector resources to support the CDC's critical health protection work.
- CDCF has provided staffing to support to NH:
 - Leadership
 - Investigation
 - Epidemiology
 - Technical Support

CDCF Initiative Overview

Workforce Strategy

- Expand school-based COVID-19 testing, contact tracing/case investigations, and other public health activities
- Facilitate coordination between local and state health agencies & school administrators
- Provide support and public education for schools, students, and parents/guardians
- Data collection, analysis, and reporting

How it will work

- Personnel are CDCF employees who are assigned to work for the NH Division of Public Health Services
- CDCF conducts interviews & completes the hiring process
- Employees are assigned coverage areas based upon PHN geographical boundaries (not a particular school)
- Program runs from December 2021–July 2022

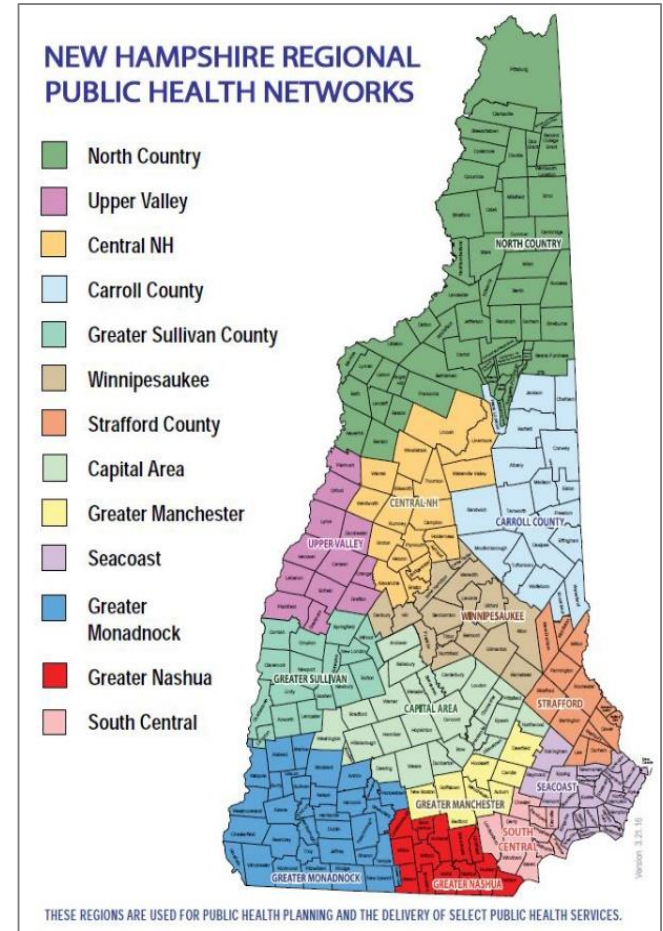
NH Proposed Program Overview

Provide support to the NH Regional Public Health Networks (RPHN)

- Scheduling clinics/offering non-clinical support at clinics
- Preparing school-based data
- Serve as a liaison between RPHN & school system/community resources

Provide support to the schools

- Coordinate COVID-19 prevention & response activities
- Fulfill reporting requirements
- Observe specimen collection (additional training required)
- Liaison function



NH Proposed Program Structure

State Project Managers will provide oversight to Regional Team Leads and will develop, maintain, and update training and job aides for the Team Leads and School Coordinators.

Regional Team Leads will oversee a team of School Coordinators and will serve as the main point of contact with the RPHN staff. The Team Leads will prioritize activities within their region and make assignments to their staff based on the highest priority needs.

School Coordinators will work directly with school officials to support school-based activities, including school-based testing, case investigation and contact tracing, communication to the school community, and scheduling and promotion of school-based COVID-19 vaccination clinics. School Coordinators will also provide assistance to schools with clusters or outbreaks, as needed.



NH Proposed Program Notes

NH's proposed program is contingent on G&C approval of NH DHHS' MOU with CDCF at the 11/10 G&C meeting.

School Coordinator position currently in recruitment:

<https://jobs.lever.co/cdcfoundation/9e1375f0-175b-468f-889a-d9a79e16532d>



Comments from Others

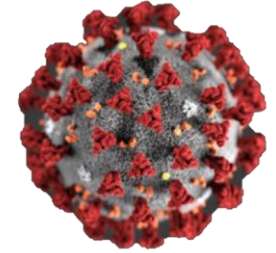
Q&A

Education and Childcare Partner Calls

- 1st and 3rd Wednesday of each month from 3:30-4:30 pm
- Webinar/call information:
 - Zoom link: <https://nh-dhhs.zoom.us/s/98062195081>
 - Webinar ID: 980 6219 5081
 - Passcode: 197445
 - Telephone: 646-558-8656

Healthcare Provider & Public Health Partner Calls are Being **Re-Scheduled** (to Avoid Holidays)

- Moving to the **1st and 3rd Thursday** of each month from 12:00-1:00 pm (Next call will be November 4th)
- Webinar/call information (stays the same):
 - Zoom link: <https://nh-dhhs.zoom.us/s/94059287404>
 - Webinar ID: 940 5928 7404
 - Passcode: 353809
 - Telephone: 646-558-8656



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